



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant** 

Shults, et al.

Appl. No.

09/916,858

Filed

: July 27, 2001

For

DEVICE AND METHOD FOR DETERMINING ANALYTE

LEVELS

Examiner

: Nasser, R.

**Group Art Unit** 

3736

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

June 18, 2004

Rose M. Thiessen, Reg. No. 40,202

**AMENDMENT** 

RECEIVED

JUN 2 9 2004

TECHNOLOGY CENTER 3700

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed March 22, 2004, Applicants respectfully request that the Examiner enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Customer No.: 20,995 Docket No.: DEXCOM.8DVCP2

pp. No.

## AMENDMENT / RESPONSE TRANSMITTAL

Shults, et al. icant

09/916,858

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Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

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TECHNOLOGY CENTER 3700

Transmitted herewith for filing in the above-identified application are the following enclosures:

- Amendment in 11 pages. (X)
- (X) Terminal Disclaimer in 2 pages.
- The present application qualifies for small entity status under 37 C.F.R. § 1.27. (X)

The fee has been calculated as shown below:

FEE CALCULATION								
FEE TYPE	<u></u>					FEE CODE	CALCULATION	TOTAL
Total Claims	42	-	43	=	0	2202 (\$9)	0 x 9 =	\$0
Independent Claims	2	-	3	=	0	2201 (\$43)	0 x 43 =	\$0
Multiple Claim	0	-	1	=	0	2203 (\$145)	0 x 145 =	\$0
1 Month Extension	u.					2251 (\$55)		\$0
2 Month Extension						2252 (\$210)		\$0
3 Month Extension	•					2253 (\$475)		\$0
Terminal Disclaimer		•				2814 (\$55)		\$55
							TOTAL FEE DUE	\$55

- A check in the amount of \$55 is enclosed. (X)
- (X) Return prepaid postcard.

Docket No.: DEXCOM.8DVCP2 Customer No.: 20,995

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1419

Rose M. Thiessen
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Attorney of Record
Customer No. 20,995
(619) 235-8550

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